



State of Connecticut
Department of Banking
CONSUMER CREDIT DIVISION
260 CONSTITUTION PLAZA • HARTFORD, CT 06103-1800



APPLICATION FOR A DEBT ADJUSTER LICENSE

Application is hereby made for a license under Chapter 669 Part II, of the Connecticut General Statutes as amended by P.A. 02-111

1. Name of Applicant: _____
(Complete name under which business is conducted)

1a. Telephone No.: _____

2. Location of office to be licensed under this application:

(Number and Street) (City) (State) (Zip Code)

Mailing address if different from location of office to be licensed:

(Number and Street) (City) (State) (Zip Code)

2a. Name and address of home office or parent company if Applicant is operated as a branch or subsidiary:

(Name)

(Number and Street) (City) (State) (Zip Code)

3. Is the Applicant presently engaged in the debt adjuster business? Yes ☐ No ☐ If yes, please answer 3(a) & 3(b).

(a) Date business commenced: _____

(b) States in which Applicant operates: _____

4. Form of organization: _____

4a. State and date of incorporation or formation:

State Date

4b. Federal Employer Identification Number: _____

5. Name, title, residence, date of birth and other occupation if applicable, of the directors and principal officers.

NAME	TITLE	RESIDENCE	DATE OF BIRTH	OTHER OCCUPATION
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6. Are you engaged, or do you intend to engage in the debt adjuster business in conjunction with any other business?
Yes ☐ No ☐ If yes, specify other business in detail:

7. Name and residence of person in charge of the office listed under item 2:

Name	Number and Street	City	State	Date of Birth	Office Location
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7a. Name, address and position of each other employee, whether compensated or volunteer, at the office to be licensed (exclude persons with solely clerical functions):

NAME	NUMBER AND STREET	CITY	STATE	POSITION	P or V*
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*P = Paid V = Volunteer

8. As a part of this application, the Applicant must attach a financial statement, which will include a balance sheet and a statement of income and expense covering the previous fiscal calendar year. If the Applicant is not presently engaged in debt adjustment, the Applicant must submit a current balance sheet and a projected statement of income and expense for the first year of operation in lieu of one covering the previous year.
9. A complete schedule of total compensation or anticipated compensation including all benefits and other payments individually itemized, must be submitted for each person receiving or anticipated to be receiving any form of compensation.
10. Applicant must submit a surety bond, as required by Section 45 of the Public Act 02-111, on the bond form provided by the Department.
11. Describe in detail the Applicant’s debt adjustment program, including a complete schedule of fees assessed against both debtors and creditors (using additional sheets). Attach copies of any contracts used and of any promotional material.
12. Has the Applicant or any employee, officer, director, or similar person:
- (a) ever been convicted in any state or federal court of any crime (not including motor vehicle traffic misdemeanors)?

Yes ☐ No ☐

(b) ever been the subject of actions (cease and desist orders, consent orders, injunctions, license suspensions or revocations, etc.) by any regulatory agency?

Yes ☐ No ☐

(c) ever been refused any license (except motor vehicle operator) by the Department of Banking or any other governmental agency or withdrawn such an application?

Yes ☐ No ☐

(d) ever been a defendant in any litigation (including suits under the State or Federal Truth in Lending Act) filed in connection with a consumer credit or debt adjustment business?

Yes ☐ No ☐

If the answer to any of the foregoing is yes, explain the circumstances fully using additional sheets.

13. Name and address of any stockholder of applicant owning 10% or more of the outstanding stock in the corporation. If any such stockholder is a corporation, on a separate sheet, please provide a list of the principal officers and all directors of such corporation together with the title, residence address and date of birth of each principal officer and director.

FULL NAME	NUMBER AND STREET	CITY	STATE	% OF OWNERSHIP-----
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14. Is the Applicant a subsidiary, direct or indirect, of a banking corporation, a savings bank or a savings and loan association, or a subsidiary of a holding company of such institutions: Yes ☐ No ☐ If yes, provide details using additional sheets as necessary.

SIGNATURE OF APPLICANT

By: _____
Signature Print Name and Title

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, personally appeared

(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

(Notary Public)
(Commissioner of the Superior Court)

My Commission Expires_____

NOTE:

Application must be signed by a principal officer of the applicant who is duly authorized to execute documents and other instruments under seal on behalf of applicant.